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22191 7590 03/08/2010										
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				7	athion	, , 7	V linda	malf	Signature)	
					4-2.	1-18) /	100	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		TOR	ATTO		NEY DOCKET NO. CONFIRMATION NO.		NO.	
09/772,394 01/30/2001			Peter Stangel			79731.010100 1200				
TITLE OF INVENTION: C	LINICAL CARE UTI	ILIZATION MANAGEM	IENT SYSTEM							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DU	E	
nonprovisional	YES	\$755	\$300		\$ 0		\$1055	06/08/201	.0	
EXAMINER		ART UNIT	CLASS-SUBCLASS							
COBANOGLU, DILEK B		3626	705-003000							
1. Change of correspondence CFR 1.363). Change of correspondence CFR 1.363). Address form PTO/SB/1	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the names of up to 3 registered patent attorneys or agents OR, alternatively, (3) the names of up to 3 registered patent attorneys or agents OR, alternatively, (4) the names of up to 3 registered patent attorneys or agents OR, alternatively, (5) the names of up to 3 registered patent attorneys or agents OR, alternatively, (6) the names of up to 3 registered patent attorneys or agents OR, alternatively, (7) the names of up to 3 registered patent attorneys or agents OR, alternatively, (8) the names of up to 3 registered patent attorneys or agents OR, alternatively, (9) the names of up to 3 registered patent attorneys or agents OR, alternatively, (10) the names of up to 3 registered patent attorneys or agents OR, alternatively, (11) the names of up to 3 registered patent attorneys or agents OR, alternatively, (12) the names of up to 3 registered patent attorneys or agents OR, alternatively, (13) the names of up to 3 registered patent attorneys or agents OR, alternatively, (14) the names of up to 3 registered patent attorneys or agents OR, alternatively, (15) the names of up to 3 registered patent attorneys or agents OR, alternatively, (16) the names of up to 3 registered patent attorneys or agents OR, alternatively, (17) the names of up to 3 registered patent attorneys or agents OR, alternatively, (18) the names of up to 3 registered patent attorneys or agents OR, alternatively, (18) the names of up to 3 registered patent attorneys or agents OR, alternatively, (18) the names of up to 3 registered patent attorneys or agents OR, alternatively, (18) the names of up to 3 registered patent attorneys or agents OR, alternatively, (18) the names of up to 3 registered patent attorneys or agents OR, alternatively, (18) the names of up to 3 registered patent attorneys or agents OR, alternatively, (18) the names of up to 3 registered patent attorneys or agents OR, alternatively, (18) the names o									
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
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PLEASE NOTE: Unless recordation as set forth in		fied below, no assignee pletion of this form is NO						ument has been f	filed for	
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5 Ch 1- 15-44- 64-4-	<i>(C)</i>	1 -1 >	overpayment, to E	Deposi	it Account Numbe	r 50-	2638 (enclose an	extra copy of this	form).	
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